Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Healthcare Effectiveness Data and Information Set (HEDIS®)

What: To assist your practice with increasing your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS®) measures, California Health & Wellness Plan (CHWP) has created this Well-Child Visits tip sheet. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) measures the percentage of children ages three–six who had one or more well-child visits with a primary care physician (PCP) during the measurement year.

Why: Annual well-child visits in the 3rd, 4th, 5th, and 6th years of life are important for monitoring a child’s growth and development.¹

Who: Children ages three–six as of December 31 of the measurement year.²

When: January through December 31 of the measurement year.²

Where: Documentation in the medical record must include patient name, date of birth, date of service, and documentation indicating a visit, and evidence of all of the following five components:

1. Health history – Health history is an assessment of the patient’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family history.

2. Physical development history – Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills in children as they grow and develop.

3. Mental development history – Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.

4. Physical exam.

5. Health education/anticipatory guidance – Health education/anticipatory guidance is given by the health care provider to parents/guardians in anticipation of emerging issues that a child or family may face.

How: The evidence of screening for this measure is captured administratively; therefore, correct coding with any of the following CPT, HCPCS and ICD-10-CM codes is required:

<table>
<thead>
<tr>
<th>CPT/HCPCS/ICD10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT: 99382, 99383, 99392, 99393</td>
</tr>
<tr>
<td>HCPCS: G0438, G0439</td>
</tr>
<tr>
<td>ICD-10: Z00.121, Z00.129, Z00.5, Z00.8, Z02.0–Z02.2, Z02.5–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9</td>
</tr>
</tbody>
</table>

Best Practices and Tips

- Use correct billing codes and ensure timely submission of claims.
- For HEDIS 2019, the notation of "well developed" will no longer be acceptable for compliance for both the physical developmental history and the mental developmental history.
- Ensure complete documentation for all five components. Create a template with a checklist for well-child visits to ensure measure compliance. Utilize standardized templates in electronic health records (EHRs) as available.
- Turn a sick visit into a well-child visit. Take advantage of a sick visit by administering a well-child visit as this might be the only time you see this patient during the measurement year.
- Sport physicals can also be turned into a well-child visit. Make sure to provide appropriate documentation and billing codes.
- Outreach and schedule appointments during convenient times for parents and their children. Take advantage of school breaks and holidays (such as summer break and winter break), and offer extended/weekend hours.
- Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.brightfutures.org for more information about well-child visits.

²HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).